



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E263165**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	13-02004
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	08	-	14	-	2013			1305	31		0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR9	BLOCK NO.	
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
		FEET	S	W	MARKET PL

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4257508780
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LAST NAME	BARNES	FIRST NAME	JAYME	MIDDLE INITIAL	C
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STREET NEW ADDRESS	6736 64TH DR NE
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CITY	MARYSVILLE	ST	WA	ZIP	982705345
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CDL	RESTRICTIONS	ENDORSEMENTS	H
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DRIVER'S LICENSE #	BARNEJC223LM	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	06	-	14	-	1978
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ON DUTY	STATUS	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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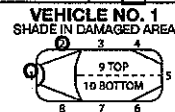
LICENSE PLATE #	B00906Y	STATE	WA	VIN#	1NKWXBEXXR862784
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TRAILER PLATE #	7399YE	STATE	WA	TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	KW	MODEL	TRAC	STYLE	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO. JAYME TRUCKING LLC 6736 64TH DR NE MARYSVILLE WA 98270 D: 4257508780

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	TRUCK INSURANCE EXCHANGE 604848654
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3603486562
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LAST NAME	GRUNDL	FIRST NAME	KAYLA	MIDDLE INITIAL	C
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STREET NEW ADDRESS	3115 78TH AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982584516
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CDL	RESTRICTIONS	ENDORSEMENTS	
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DRIVER'S LICENSE #	GRUNDKC04303	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	09	-	23	-	1996
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ON DUTY	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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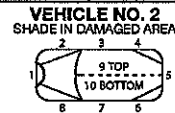
LICENSE PLATE #	ACF3348	STATE	WA	VIN#	JT8JZ31C9N0005367
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1992	MAKE	LEXS	MODEL	SC3CP	STYLE	CP	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO. LISA GRUNDL 3115 78TH AVE SE LAKE STEVENS WA 98258 D: 3603486562

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 188622096
VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	STEVE WARBIS	BADGE OR ID #	112	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E263165**

CASE # **13-02004**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		KUNA LOREN N																
ADDRESS & PHONE #		3605681008				SEX	F	D.O.B. MMDDYYYY	10	-	23	-	1995					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	<input type="checkbox"/>	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #						SEX		D.O.B. MMDDYYYY		-		-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE	<input type="checkbox"/>	INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #						SEX		D.O.B. MMDDYYYY		-		-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE	<input type="checkbox"/>	INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 stopped at signal. Unit 1 stopped behind unit 2. When light turned green, unit 1 accelerated faster than unit 2. Unit 1 struck unit 2 from behind.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

STEVE WARBIS		08-14-13 02:54 PM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY RON BROOKS 013		DATE 8/14/2013 4:52:54 PM	
BADGE OR ID #	112	ORI #	WA0311900
TIME POLICE DISPATCHED		1:05 PM	
TIME POLICE ARRIVED		1:17 PM	



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E263165**

CASE # **13-02004**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # **1** USDOT **00** JCC # **0** VEHICLE TYPE **0** CARGO BODY TYPE **0**

CARRIER NAME **01**

CARRIER ADDRESS **01**

CITY **01** ST **01** ZIP **01**

NAME SOURCE **01** AXLES **00** GVWR **0** PLACARD **0** + **0** NAME IF NO NUMBER **01**

ADDITIONAL UNITS

UNIT # **01** MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE **01**

LAST NAME **01** FIRST NAME **01** MIDDLE INITIAL **01**

STREET NEW ADDRESS **01**

CITY **01** ST **01** ZIP **01**

CDL **01** RESTRICTIONS **01** ENDORSEMENTS **01**

DRIVER'S LICENSE # **01** STATE **01** SEX **01** D.O.B. **01** - **01** - **01**

ON DUTY ☐ STATUS **01** AIRBAG **01** PESTR **01** EJECT **01** HELMET USE **01** INJURY CLASS **01** NATURE OF INJURIES **01**

LICENSE PLATE # **01** STATE **01** VIN# **01**

TRAILER PLATE # **01** STATE **01** TRAILER PLATE # **01** STATE **01**

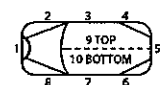
VEH. YEAR **01** MAKE **01** MODEL **01** STYLE **01** VEHICLE TOWED YES ☐ NO ☐ TOWED BY **01** GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **01**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # **01** CHARGE **01**

SHADE IN DAMAGED AREA



UNIT # **01** MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE **01**

LAST NAME **01** FIRST NAME **01** MIDDLE INITIAL **01**

STREET NEW ADDRESS **01**

CITY **01** ST **01** ZIP **01**

CDL **01** RESTRICTIONS **01** ENDORSEMENTS **01**

DRIVER'S LICENSE # **01** STATE **01** SEX **01** D.O.B. **01** - **01** - **01**

ON DUTY ☐ STATUS **01** AIRBAG **01** PESTR **01** EJECT **01** HELMET USE **01** INJURY CLASS **01** NATURE OF INJURIES **01**

LICENSE PLATE # **01** STATE **01** VIN# **01**

TRAILER PLATE # **01** STATE **01** TRAILER PLATE # **01** STATE **01**

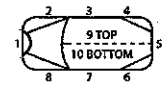
VEH. YEAR **01** MAKE **01** MODEL **01** STYLE **01** VEHICLE TOWED YES ☐ NO ☐ TOWED BY **01** GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **01**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # **01** CHARGE **01**

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

STEVE WARBIS

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

08-14-13 02:54 PM

DATED:

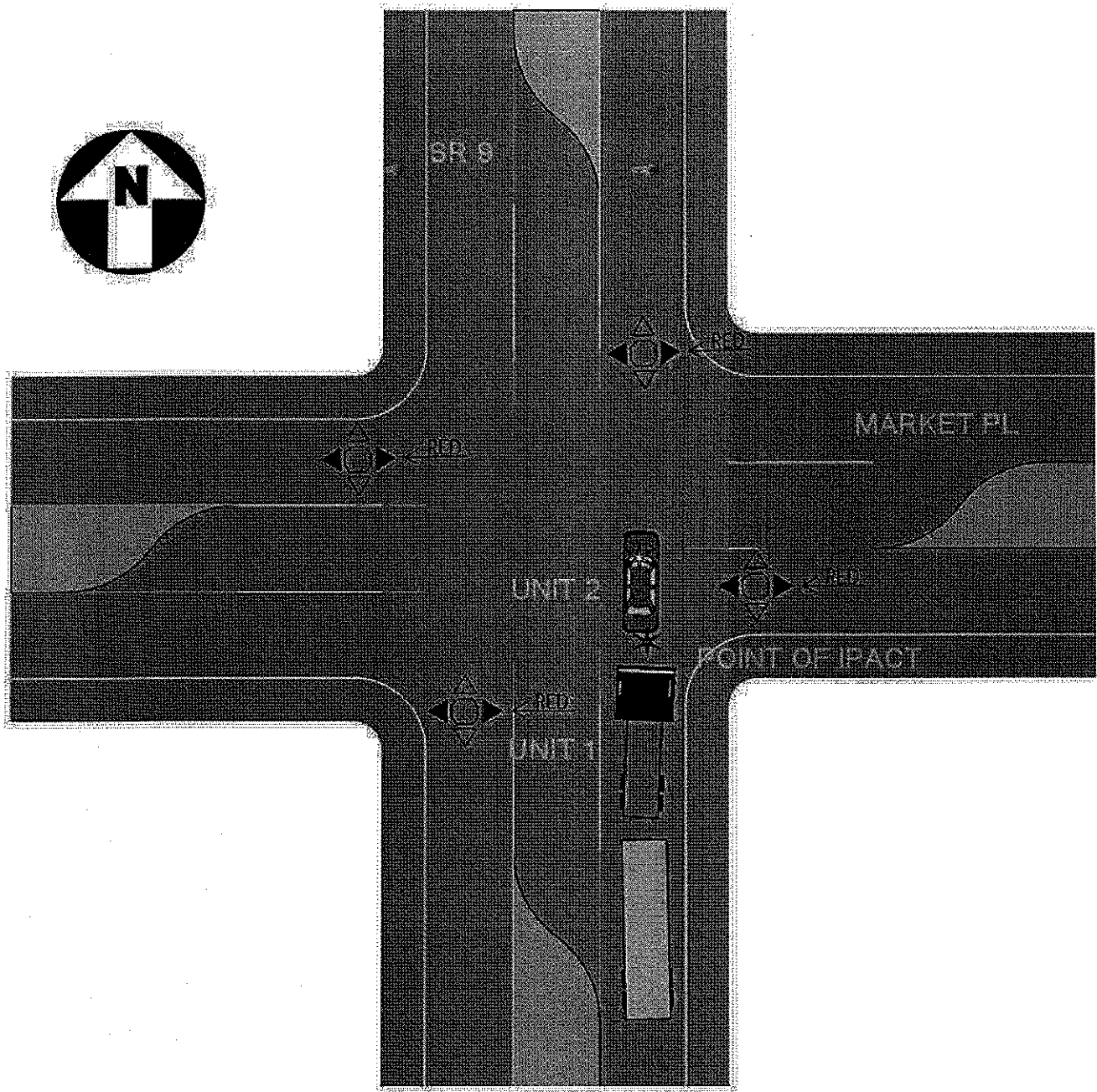
PLACE SIGNED

BADGE OR ID # **112** ORI # **WA0311900**

APPROVED BY **BROOKS**

DATE **8/14/2013**

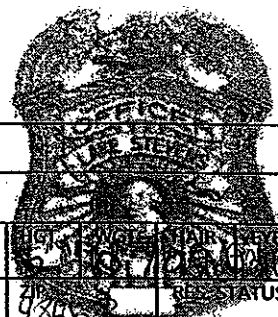
PAGE **3** OF **4**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02004



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Grundt, Kayla, Christine	RACE White	ETH	SEX F	DOB 9/23/1996	AGE 16	HEIGHT 5'10"	WEIGHT 120 lbs	HAIR Brown	EYES Blue
STREET ADDRESS 3115 78th AVE SE		CITY Lake Stevens		STATE WA		ZIP 98052		STATUS		
HOME PHONE 425-397-9665		CELL PHONE 360-348-6562		PLACE OF EMPLOYMENT None						
WORK PHONE 360-348-6562		EMAIL ADDRESS monkeyaround923@comcast.net								

I, Kayla Grundt, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was at a complete stop, the truck hit me ~~car~~ from behind pushing me into the car in front of me the ~~car~~ truck kept driving until realizing ~~that~~ he hit me.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

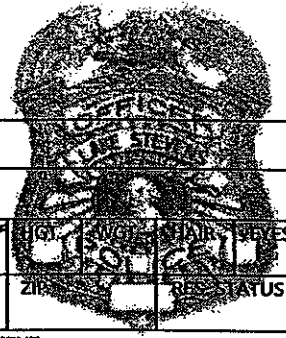
SIGNATURE: <u>Kathleen Gault</u>	DATE SIGNED 8-14-13	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: <u>S. WABIS 112</u>	DATE SIGNED 8-14-13	LOCATION SIGNED LAKE STEVENS P.D.

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 13-02004

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Barnes Jayme C	RACE White	ETH	SEX M	DOB 6-14-78	AGE 35	HGT	WGT	HAIR	EYES
STREET ADDRESS 6736 64th DR NW		CITY		STATE		ZIP		RES STATUS		
HOME PHONE		CELL PHONE 45257508780		PLACE OF EMPLOYMENT Jayme Barnes Trucking						
WORK PHONE 425808780		EMAIL ADDRESS								

I, Jayme Barnes, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I bumped a car didn't see it over the hood at Red light Both passenger and driver say they are ok no injuries

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6-13-13	LOCATION SIGNED 12 Stewart
OFFICER/NUMBER: J. WANSIL 112	DATE SIGNED 6-14-13	LOCATION SIGNED Lake Stevens P.D.

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS13018161

Case Numbers: \$SS13002004

Received 08/14/13 12:58:47 BY SPCT09 SP0285
Entered 08/14/13 13:05:48 BY SPCT09 SP0285
Dispatched 08/14/13 13:06:02 BY SPDP17 SP0168
Enroute 08/14/13 13:06:02
Onscene 08/14/13 13:32:22
Closed 08/14/13 13:48:15

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT

Src: 9

Loc: MARKET PL/SR 9 NE, LKS (V)

Latitude: (+) 48.166991 Longitude: (-) 122.239294

Loc Info: JUST NORTH ON SR 9

Name: WSP

Addr:

Phone:

/1305 (SP0285) ENTRY , CC, WSP OS OF 2 PC AND DUMP TK ACC, NON INJ, NO
N BLKING
/1306 (SP0168) DISPER SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
/1306 ASSTER SS1937 [MARKET PL/SR 9 NE, LKS]
#SS112 WARBIS, OFFICER (STEVE)
/1317 ASNCAS SS1937 \$SS13002004
/1332 (SS75) *ONSCNE SS1931
/1341 CLEAR SS1931
/1348 (SS112) *CLEAR SS1937 D/H
/1348 CLOSE SS1937

LCPD
ORIGINAL